

A Proposal for consideration of the legislature of the State of Connecticut

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Concerning H B 5389 a bill proposing the legalization of medical marijuana for use in Connecticut.

Contained herein are suggestions for additions to the above law as to the positive control
Of access and supply of medical marijuana.

If this law, legalizing medical marijuana is passed, I firmly believe that if positive controls of
Prescriptions, Production, Delivery to the patient, and Confirmation of patient only use is not
Made an integral part of such law, Connecticut will have participated in a travesty such has
Befallen California, Colorado, and other states that have lost control of this drug.

Point 1 testing prospective patients for marijuana use to eliminate the disingenuous.

If a patient is seeking a prescription for marijuana, first he/she should be tested to ascertain

If cannabis is present now in their system. If a patient complains of symptoms not controlled

By normally used over the counter, or prescription drugs, and tests positive for marijuana, it seems logical the marijuana is not working for them either, and further treatment of this type will not help. This should eliminate the "less than truthful" and "not so bright" from securing a legal supply of "pot"

Point 2 eliminating the "doctor hopping" patient

Many of the above type of person will (if denied) a prescription by one doctor's office, try; going to a new doctor and as the saying goes "try, try again"

Requiring a up-to-date medical history of the patient as a prerequisite for any marijuana prescription, and requiring that doctors add any attempt to secure a marijuana prescription to the patients' medical history will identify these people to a physician and save much wasted time for his/her self and staff.

Point 3 Requiring a "blind study second opinion"

The most powerful tool for use against the unscrupulous doctor who would (for a bribe) sell

Unnecessary marijuana prescriptions to anyone, would be requiring a "Blind second opinion"

On any marijuana prescription.

Under this program, the Health Dept. would assemble a "pool" of volunteer physicians. A primary physician would write a prescription for medical marijuana,

Add to it the pre-prescription test results, and a medical "history" of the patient (with all personal information, redacted, so as to comply with privacy laws).

The above would be sent to the Health Dept. and from the "pool" of physicians one would be randomly selected, and the information (save the name of the primary physician) sent for review. If the "pool" physician agreed that medical marijuana was the next step in the treatment of the patient represented by the history shown, he/she would sign off on the

prescription. If the "pool" doctor disagreed with the choice of marijuana for this "history", he/she would write their objection on the form and add any suggestions they might have for an

Alternative course of treatment. Second opinions are often sought by patients (and doctors) when the prognosis is not good, in the case of medical marijuana, the second opinion not only

Reinforces the system protecting against the unscrupulous, but could serve as a way to aid in any alternative treatment for the patient. This also gives the Health Dept. a "heads up" on any

Physician who might be trying to make the extra cash on "pot" prescriptions.

Point 4 Control of legal marijuana through use of a "single supplier" system

If the bill passes, it should contain provisions for the establishment (by Bid) of a single company to supply all of the medical marijuana sold in Connecticut.

The bid process would be for "low wholesale price" charged to the State of Connecticut Medicare system. This would allow the State to purchase for Medicare use medical marijuana at a low wholesale price and supply it to Medicaid patients through local pharmacies with the

Pharmacy being paid a "handling charge" for delivery to the patient of the prescription. Medicaid would save considerable costs using this system, and the pharmacies would make money on the handling charge. Self or insurance paid prescriptions would be handled the same way that they are now for regular prescription medications.

The single supplier of marijuana would, of course, have to meet ridged security standards

To safeguard against the myriad ways their product could be targeted for theft.

Point 5 Standardizing the product to allow for control.

Marijuana should be available in only one prescribed form, the cigarette.

The Pre-made cigarette allows for control of the dosage of the drug and for ease in prescribing the drug, as the doctor would know the amount of marijuana in each cigarette and be able to decide how best to apply it.

Point 6 No direct ship to patient.

Controlling the available ways for the patient to acquire the prescriptions, will greatly increase the security of the drug. Allowing direct ship to the patient, would put packages of marijuana on the steps of more than 1 home and loss of the prescription from package theft would be an everyday occurrence, as is now seen with many other drugs that are delivered by mail, U.P.S, and Fed-X.

Point 7 Pharmacy only sales

At no time should there be licensed "store-front" shops for the sale to patients of medical marijuana. This drug (like any other) should be available only through legally licensed pharmacies. Also no licenses for the individual patient to "grow-their-own should ever be considered, (as is done in Cal.), this is really just licensing of drug dealers, and is a sure way to lose control of this drug.

Point 8 No out of state'ers

I firmly believe that only prescriptions written (and vetted) by Connecticut standards in Connecticut should be filled for marijuana. Allowing "out-of-state" prescriptions to be honored thru the Connecticut system would be asking for fakes to be used and if we are the Only state using a positive control system, we could not assure that the out-of-state patient Was acting properly.

If medical marijuana becomes a reality in Connecticut, I believe that we have the responsibility as well as the opportunity to make Connecticut a leader in the safe prescribing, production, and handling of the drug.

We can become the template that others use to format their laws in connection with prescription narcotics.

IF WE'RE GOING TO DO THIS, LET'S DO IT RIGHT FROM THE START!!!!